

2001
FORM
40
RESIDENTS
AND PART-YEAR
RESIDENTS
Alabama
Individual
Income
Tax Return

For the year Jan. 1 - Dec. 31, 2001, or other tax year beginning

, ending

Your first name and initial (if joint return, also give spouse's first name and initial)

Last name

Present home address (number and street or P. O. Box number)

City, town or post office, state, and ZIP code

Your social security number

Spouse's soc. sec. no. if joint return

FN (For official use only)

PLACE LABEL HERE

Filing Status
and
Exemptions

Check only one box.

- 1 ☐ \$1,500 Single
2 ☐ \$3,000 Married filing joint return (even if only one spouse had income)
3 ☐ \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
4 ☐ \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name _____
Soc. Sec. No. _____
Relationship _____

Income
and
Adjustments

6 Wages, salaries, tips, etc. (list each employer and address separately):			A - Alabama tax withheld		B - Income	
a			6a	00	6a	00
b			6b	00	6b	00
c			6c	00	6c	00
d			6d	00	6d	00
7	Interest and dividend income (also attach Schedule B if over \$400).				7	00
8	Other income (from page 2, Part I, line 9)				8	00
9	Total income. Add amounts in the income column for line 6a through line 8				9	00
10	Total adjustments to income (from page 2, Part II, line 8)				10	00
11	Adjusted gross income. Subtract line 10 from line 9				11	00

Deductions

You Must Attach
page 2 of Federal
Form 1040, page 1 of
Federal Form 1040A
or 1040EZ, or a
copy of your Telefile
Schedule if claiming a
deduction on line 13.

12	Check box a, if you itemize deductions , and enter amount from Schedule A, line 26. Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)		Box a or b MUST be checked			
	<input type="checkbox"/> a Itemized Deductions	<input type="checkbox"/> b Standard Deduction	12	00		
13	Federal tax liability deduction (complete Part V, page 2 and enter amount here)		13	00		
14	Personal exemption (from line 1, 2, 3, or 4)		14	00		
15	Dependent exemption (from page 2, Part III, line 2)		15	00		
16	Total deductions. Add lines 12, 13, 14, and 15				16	00

Tax

Staple Form(s)
W-2, W-2G,
and/or 1099
here.

17	Taxable income. Subtract line 16 from line 11.....				17		00
18	Income Tax due. Enter here and check if from <input type="checkbox"/> Tax Table or <input type="checkbox"/> Form NOL-85A.....▶				18		00
19	Less credits from: <input type="checkbox"/> Schedule CR and / or <input type="checkbox"/> Schedule OC.....▶				19		00
20a	Net tax due Alabama. Subtract line 19 from line 18.....				20a		00
b	Consumer Use Tax (use worksheet on page 11).....▶				20b		00
21	You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund, or the Neighbors Helping Neighbors Fund.	a	Alabama Democratic Party.....	<input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	▶	21a	00
b		Alabama Republican Party.....	<input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	▶	21b	00	
c		Alabama Libertarian Party.....	<input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input type="checkbox"/> none	▶	21c	00	
d		Neighbors Helping Neighbors.....	\$.....	▶	21d	00	
22	Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, 21b, 21c, and 21d.....▶				22		00

Payments

23	Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)		23	00		
24	Amount paid with extension (attach Form 4868A)		24	00		
25	2001 estimated tax payments (see instructions on page 11)		25	00		
26	Total payments. Add lines 23 through 25				26	00

AMOUNT
YOU OWE

27	If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE . Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) If paying by credit card do not include Form 40V and check here <input type="checkbox"/>		CN			00
28	Estimate tax penalty. Also include on line 27 (see instructions page 11)		28	00		

OVERPAID

29	If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID				29	00
30	Amount of line 29 to be applied to your 2002 estimated tax		30	00		

Donation
Check-offs

31	You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes).					
a	Senior Services Trust Fund	00	f	AL Indian Children's Scholarship Fund	00	
b	AL Arts Development Fund	00	g	Penny Trust Fund	00	
c	AL Nongame Wildlife Fund	00	h	Foster Care Trust Fund	00	
d	Child Abuse Trust Fund	00	i	Mental Health	00	
e	AL Veterans Program	00	j	AL Breast & Cervical Cancer Program	00	
32	Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, and j				32	00

REFUND

33	REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.)				33	00
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PLEASE

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

(see page 13)

1	Alimony received	1	00
2	Business income or (loss) (attach Federal Schedule C or C-EZ)	2	00
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	00
4a	Total IRA distributions	4a	00
4b	Taxable amount (see instructions)	4b	00
5a	Total pensions and annuities	5a	00
5b	Taxable amount (see instructions)	5b	00
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	00
7	Farm income or (loss) (attach Federal Schedule F)	7	00
8	Other income (state nature and source — see instructions)	8	00
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8	9	00

(see page 16)

1a	Your IRA deduction.....	1a	00
b	Spouse's IRA deduction.....	1b	00
2	Payments to a Keogh retirement plan and self-employment SEP deduction.....	2	00
3	Penalty on early withdrawal of savings.....	3	00
4	Alimony paid. Recipient's last name _____ Social security no. _____ Address _____ City _____ State _____ ZIP _____	4	00
5	Adoption expenses.....	5	00
6	Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____	6	00
7	Self-employed health insurance deduction.....	7	00
8	Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.....	8	00

Do not include
yourself or
your spouse

(See page 9)

1a Dependents:		(2) Dependent's social security number.	(3) Dependent's relationship to you.	(4) Did you provide more than 50% of dependent's support?
(1) First name	Last name			

b Total number of dependents claimed above

2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)

Enter amount here and on page 1, line 15 2 00

**All Taxpayers
Must Complete
This Section.**

1 Residency ☐ Full Year ☐ Part Year If you were a part-year resident of Alabama during 2001, indicate your period of residence:
 Check only one box ☐ Part Year From _____ 2001 through _____ 2001. Total months _____

2 Did you file an Alabama income tax return for the year 2000? ☐ Yes ☐ No

3 If no, state reason. _____

4 Give name and address of present employer(s). Yours _____
 _____ Your Spouse's _____

5 Enter the Federal Adjusted Gross Income \$ _____ and Federal Taxable Income \$ _____ as reported on your 2001 Federal Individual Income Tax Return.

6 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? ☐ Yes ☐ No
 If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source	Amount	
Source	Amount	00
Source	Amount	00

Federal Tax Liability Deduction



1	Enter the Federal Income Tax Liability as shown on your 2001 Federal Return	1		00
2	Enter your 2001 Federal Income Tax Rebate	2		00
3	Subtract line 2 from line 1, enter here and on line 13, page 1, Form 40	3		00

Keep a copy
of this return
for your records.

☐ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Daytime telephone number ()	Your occupation
Spouse's signature (if joint return, BOTH must sign)	Date	Daytime telephone number ()	Spouse's occupation

Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN : :
Firm's name (or yours if self-employed) and address 	E.I. No.		
	ZIP Code		

WHERE TO FILE FORM 40

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

If you are not making a payment, mail your return to:

Alabama Department of Revenue
P. O. Box 154
Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue
P.O. Box 2401
Montgomery, AL 36140-0001

Mail **only** your 2001 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue, P. O. Box 327464, Montgomery, AL 36132-7464.